## **CITY OF YUMA**

Building Safety Division One City Plaza Post Office Box 13013 Yuma, Arizona 85366-3013 (928) 373-5163 phone (928) 373-5164 fax



## **Application for Manufactured Home Installation**

		Pe	ermit #:	
Installation Address:		Lc	t #:	
Owner's Name:		Sı	ıbdivision:	
Mailing Address:		Pr	none #:	
City/State/Zip				
Unit Manufacturer:			Date/year built:	
VIN: #:			Size:	
Dealer's Name:			License #:	
Mailing Address:			Telephone #:	
City/State/Zip:			Fax #:	
Installer's Name:			License #:	
Mailing Address:			Telephone #:	
City/State/Zip:			Fax #:	
Please list your sub-o	contractors for accessory work to be dor	ne at the	e time of installa	ation below:
	SUBCONTRACTOR NAME	L	ICENSE #	PHONE #
Pit				
Awning(s)				
Garage/Carport				
Deck(s)				
Air Conditioning				
Gas				
Electric				
Other				
**Please remember that any work not applied for on this application must later be submitted for review by our office and receive a separate permit.**				
Permit Purchaser Signature		Date		
When your unit is installed and is ready to be insureded places call 070 5470 or few 070 5464 for an				

When your unit is installed and is ready to be inspected, please call **373-5170** or fax **373-5164** for an inspection. Please have your permit number with you when you call, as it will be necessary to ensure you receive an inspection.